

**RECIPIENT**

The sender has requested notification upon delivery.  
Immediately upon receipt, please telephone:

Name: \_\_\_\_\_

Tel. No.: ( ) \_\_\_\_\_

CALL 1-800-222-1811

AFFIX POSTAGE OR  
CORPORATE ACCOUNT  
LABEL HERE

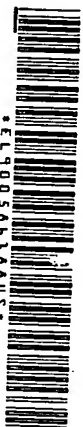
www.usps.gov

RECEIVED  
DEC 17 2001  
USPTO MAIL CENTER

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE  
ORIGIN (POSTAL USE ONLY)

**POST OFFICE  
TO ADDRESSEE**

EL900586188US



\*EL900586188US\*

Address Copy  
Lb 11-F August 2000

<input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Insured (over \$500) <input type="checkbox"/> Return Receipt		<input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Insured (over \$500) <input type="checkbox"/> Return Receipt	
<input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Insured (over \$500) <input type="checkbox"/> Return Receipt		<input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Insured (over \$500) <input type="checkbox"/> Return Receipt	

TO FILE A CLAIM FOR DAMAGES, THE LOSS OF CONTENTS YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE  
USPS FOR INSPECTION.

2. PAY ADDRESSEE'S POSTAGE BY FIRST CLASS PERMIT NO. 1000 NEW YORK, NY 10108

FROM: BASE MYANDOTTE  
1609 BLOOM ST  
MYANDOTTE  
MT 48192-3799

ATTACH LABEL HERE: Return label back to sender. Be sure to remove the Express Mail number for return for your records.

Deck: No. 13091

USPTO MAIL CENTER  
DEC 17 2001

EXPRESS MAIL LABEL DATE IN

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

Express Mail Packaged at a post office. If you experience a delay, please call.

10/018064